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(Requestor	s Name)
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(Business E	Entity Name)
(Document	Number)
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SECRETARY OF STATE
AND AHASSEE, FLORIDA

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COVER LETTER

Divisi	on of Corpe	orations		
H SUBJECT:	EER ENTE	RPRISES LLC		
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed A	rticles of A	mendment and fee(s) are subn	nitted for filing.	
Please return al	l correspond	dence concerning this matter to	o the following:	
		VIJAY NAGPAL		
			Name of Person	
		V-10-	Firm/Company	
			· mis company	
		106 WOODLEY AVE		
			Address	
		TROY, AL 36081		
			City/State and Zip Code	2015 SEC
		vijaynagpal74@gmail.com		>> - U
			be used for future annual report noti	fication)
For further info	rmation cor	ncerning this matter, please cal	ll:	I I I
VIJAY NAGP	AL		334 372-0786	
	Name of F	Person	at () Area Code Daytim	e Telephone Number
				≥ ∪
Enclosed is a cl	heck for the	following amount:		
■ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEER ENTERPRISES LLC (Name of the Limit	ed Liability Compa	ny as it now appears on our	records.)
(<u>, , , , , , , , , , , , , , , , , , , </u>	(A Florida Limited I	ny as it now appears on our lability Company)	
The Articles of Organization for this Limited Li	ability Company	were filed on _DECEMBE	and assigned
Florida document number L15000201904	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		8178 HIGHWAY 90	and to
(Principal office address MUST BE A STREE		SNEADS, FL 32460	70 3
			AHE DE
	•		SSE - I
Enter new mailing address, if applicable:			THE TOTAL
(Mailing address MAY BE A POST OFFICE BOX)			
			- 53
B. If amending the registered agent and registered agent and/or the new registered or			ecords, <u>enter the name of th</u>
Name of New Registered Agent:	VIJAY NAGPAL		
New Registered Office Address:	8178 HIGHW		
		Enter Florida street	address
	SNEADS		, Florida
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action **Address** <u>Title</u> <u>Name</u> ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change Add L U -{E Change Ω □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change

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n effective date is listed, the date must be specific and cannot be prior to date of finh te: If the date inserted in this block does not meet the applicable statutory	y filing requirements, this date will not be liste
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlie
ted DECEMBER 03 , 2015	
DECEMBER 03 , 2015	

Page 3 of 3

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